

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007666

STATE FILE NUMBER

AMENDED

Registration District No.

316

Primary Registration District No.

3057

Registrar's No.

76

FILED FEB 20 1962

1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)

Bonne Terre

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Bonne Terre Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Francois

c. CITY
OR
TOWN

Bonne Terre

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
118 MainReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
LOUISMiddle
THEODORELast
SICKA4. DATE
OF
DEATHMonth
Feb.Day
10Year
1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5, 14, 1878

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

General Manager

10b. KIND OF BUSINESS OR INDUSTRY

St. Joseph Lead

11. BIRTHPLACE (City and state or country)

Mondolia, Ill.

12. CITIZEN OF WHAT COUNTRY

U S

13a. FATHER'S NAME

Louis Sicka

13b. MOTHER'S MAIDEN NAME

Anna Sicka

14. NAME OF HUSBAND OR WIFE

Mayme Russel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Mayme Sicka, Bonne Terre Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage - 2 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

arteriosclerotic heart disease

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-7-62 to 2-10-62 and last saw him alive on 2-9-62
Death occurred at 1:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Marvin J. Haw, Jr. M.D.

22b. ADDRESS

Bonne Terre, Mo.

22c. DATE SIGNED

2/14/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

2, 12, 1962

23c. NAME OF CEMETERY OR CREMATORY

St. Joseph Catholic

23d. LOCATION (City, town, or county)

Bonne Terre Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

C Z Boyer & Son Bonne Terre Mo.

25. DATE RECD. BY LOCAL REG.

Feb. 12, 1962

26. REGISTRAR'S SIGNATURE

Eather Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Burke T. Boyer, Jr.

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.